



An Information Service of the Division of Medical Assistance

North Carolina

Medicaid Pharmacy

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In This Issue...

Medicaid Payment Accuracy Measurement Demonstration Project

Claim Payments Suspend

Place Holder for Compound Claims

34-Day Grace Period for Prescription Drug Prior Authorization

Medicaid to Accept Metric Decimal Quantities

DAW 5 Now Allowed

“Medically Necessary” Replaces “Dispense as Written”

Tax Identification Information

W-9 Form

Notification of Change in Provider Status Form

Changes in Drug Rebate Manufacturers

Federal MAC List Changes

Holiday Observance

Published by EDS, fiscal agent for the North Carolina Medicaid Program
1-800-688-6696 or 919-851-8888

Medicaid Payment Accuracy Measurement Demonstration Project

DMA Program Integrity received a grant from the Centers for Medicare and Medicaid Services (CMS) to participate in a Medicaid Payment Accuracy Measurement (PAM) demonstration project. The goal of the project is to help CMS determine the feasibility of estimating Medicaid claim payment accuracy for the Medicaid program at the state and national level. This is an effort supported by the U.S. House of Representatives (HR 4878) and the Office of Inspector General (OIG).

An essential part of this project consists of a review of a stratified sample of Medicaid claims and a review of the corresponding medical records. Program Integrity staff and Medical Review of North Carolina will contact providers whose claims fall in the sample to obtain medical records for the services billed to Medicaid. Samples will be taken from inpatient hospital services, long-term care services, independent practitioners and clinics, prescription drugs, home- and community-based services, and other supplies and services.

Claim payment will be recouped due to lack of documentation for the service billed if medical records are not supplied by the deadline. The claim payment will be projected as an overpayment if the requests for records are not returned by the deadline. This will inflate the overall state payment error rate. That will also overestimate the error rate for the services involved.

If your office or pharmacy is contacted for records, we ask for your cooperation and timely response to our request. This will facilitate the review and minimize the need for direct contact with the providers in the sample. We will clearly indicate on our letters or faxes that the request is part of the PAM Grant sample. Thank you in advance for your cooperation.

Questions regarding this project or the sample can be directed to Chuck Brownfield at 919-733-6681. We look forward to working with you.

Claim Payments Suspend

Effective November 1, 2002, EDS began suspending claim payments for all providers who did not have a correct address on file. EDS currently receives returned Remittance and Status Reports (RAs) and checks that cannot be delivered due to an incorrect billing address on file for providers.

When EDS receives a returned RA or check, all claims for the provider number will be suspended and the subsequent RAs and/or checks will no longer be printed. EFT payments will also be discontinued. Once EDS has placed this suspension on the provider number, the provider will have 90 days to submit address changes. After 90 days, if the address has not been corrected, claims in suspension will deny and the provider number will be terminated.

Providers will be notified in writing and will have 21 days from the date of the letter to respond to the Division of Medical Assistance (DMA) Provider Services unit. If the letter is returned to DMA as undeliverable, the provider number will be terminated. Once terminated, providers will be subject to the full re-enrollment process and experience a period of ineligibility as a Medicaid provider.

Refer to the Notification of Change in Provider Status form on page 8 to report an address change.

Place Holder Now for Compound Claims

Effective December 16, 2002, the placeholder for compound prescription claims will become a captured response. The current process does not allow the compound prescription to be tracked or count towards the 6-prescription limit. This new process will now allow the POS system to track the compound prescription claim to count towards the 6-prescription limit, but will not actually pay the claim. For payment, please continue billing either by batch or paper. To submit the compound prescription claim for a placeholder, please utilize one of the compound NDCs. If the compound is the first compound of the month for your patient, 00990-0000-00 NDC should be submitted. If the compound submitted is the second compound during the same month, 00990-1000-00 NDC should be entered into the POS system. For assurance of your adjudication, a response message will be displayed if the transaction was accepted plus a reminder that the compound prescription claim must be submitted by batch or paper. If the claim was sent in error, the prescription claim can be reversed similar to other POS claims.

EX: MID 123456789A NDC 009900000000 #100 Billed Amount \$20.00

POS system will send a captured response, with the message

“SUBMIT CLAIM VIA BATCH/PAPER FOR PAYMENT”.

34-Day Grace Period for Prescription Drug Prior Authorization

On May 1, 2002, a 34-day grace period was made available for obtaining prescription drug prior authorization (PA) for Medicaid recipients in nursing facilities, adult care homes, and intermediate care facilities for persons with mental retardation. A single 34-day grace period per PA prescription is granted upon the prescriber's or prescriber's designee notification/communication to ACS (PBM). The grace period applies to recipients already residing in the designated facilities and to newly admitted patients.

On December 1, 2002, the grace period for prior authorization for these recipients will be automatically given by the POS claims processing system. The criteria for the grace period is the recipient resides in a long-term care facility, the drug requires PA and there is no record of the patient ever receiving the drug. The eligibility file will be checked for patient location, but to ensure the claim processes appropriately it is recommended that one of the values below is indicated for patient location.

The following are the approved codes:

- 2=Inter-Care
- 3=Nursing Home
- 4=Long Term/Extended Care
- 7=Skilled Care Facility
- 8=Sub-Acute Care Facility

This grace period allows additional time to gather the medical information necessary to request PA from ACS State Healthcare, the contractor administering the Prescription Drug PA program. If ACS determines that the request does not meet the PA criteria, the prescriber may submit written justification for exemption according to the instructions outlined on page 10 of the July 2002 General Bulletin.

Medicaid to Accept Metric Decimal Quantities

Effective July 1, 2003, North Carolina Medicaid will begin accepting metric decimal quantities. At that time, the unbreakable package edit will also be changed to recognize the metric quantity instead of the current rounded quantity. For example, an inhaler that is packaged as 16.8 grams will be billed as 16.8 grams, instead of the current rounded quantity of 17 grams. If the quantity billed is not divisible by the package size, the claim will deny. Please notify your software vendor of this upcoming change.

DAW 5 Now an Option (in addition to DAW 0, 1, 7)

North Carolina Medicaid claims using DAW 5 may be submitted as a valid code on the POS transaction. The generic indicator field from First Data Bank (FDB) does not designate whether a drug is truly a generic or brand source. FDB's generic indicator field is based solely on price.

DAW 5 can now be used to indicate the drug product dispensed is a generic selection. The POS system will allow the DAW 5 code ONLY if the drug has a Federal or State MAC listing on the drug file. The claim will pay a \$5.60 dispensing fee (for the first monthly dispensing) and the patient will pay a \$1.00 copayment.

Current DAW codes allowed by North Carolina Medicaid

DAW 0 – no override indicated

DAW 1 – prescriber indicated that brand name is “Medically Necessary”

DAW 5 – indicates a generic is being dispensed

DAW 7 – substitution not allowed by State law, may be used for Narrow Therapeutic Index drugs when appropriate

“Medically Necessary” Replaces “Dispense as Written”

Effective January 1, 2003, the words “*medically necessary*” hand written on a prescription by the prescriber will be required to dispense a trade or brand name drug. “*Dispense as written*” will no longer be valid. Senate Bill 1115, Section 21.19(h) Dispensing of Generic Drugs mandates this change.

Section 21.19(h) Dispensing of Generic Drugs. – Notwithstanding G.S. 90-85.27 through G.S. 90-85.31, or any other law to the contrary, under the Medical Assistance Program (Title XIX of the SSA), and except as otherwise provided in this subsection for atypical antipsychotic drugs and drugs listed in the narrow therapeutic index, a prescription order for a drug designated by a trade or brand name shall be considered to be an order for the drug by its established or generic name, except when the prescriber has determined, at the time the drug is prescribed, that the brand name drug is medically necessary and has written on the prescription order the phrase “*medically necessary*.” An initial prescription order for an atypical antipsychotic drug or a drug listed in the narrow therapeutic drug index that does not contain the phrase “*medically necessary*” shall be considered an order for the drug by its established or generic name, except that a pharmacy shall not substitute a generic or established name prescription drug for subsequent brand or trade name prescription orders of the same prescription drug without explicit oral or written approval of the prescriber given at the time the order is filled. Generic drugs shall be dispensed at a lower cost to the Medical Assistance Program rather than trade or brand name drugs. As used in this subsection, “brand name” means the proprietary name the manufacturer places upon a drug product or on its container, label, or wrapping at the time of packaging; and “established name” has the same meaning as in section 502(e) (3) of the Federal Food, Drug, and Cosmetic Act as amended, 21 U.S.C. § 352 (e) (3).

Tax Identification Information

Alert – Tax Update Requested

The N.C. Medicaid program must have the correct tax information on file for all providers. This ensures that 1099 MISC forms are issued correctly each year and that correct tax information is provided to the IRS. Incorrect information on file with Medicaid can result in the IRS withholding 30 percent of a provider's Medicaid payments. **The individual responsible for maintenance of tax information must receive the information contained in this article.**

How to Verify Tax Information

The last page of the Medicaid Remittance and Status Report (RA) indicates the tax name and number on file with Medicaid for the provider number listed. Review the Medicaid RA throughout the year to ensure that the correct tax information is on file for each provider number. If you do not have access to a Medicaid RA, call EDS Provider Services at 919-851-8888 or 1-800-688-6696 to verify the tax information on file for each provider.

How to Correct Tax Information

All providers are required to complete a W-9 form for each provider number with **incorrect** information on file. Correct information must be received by December 15, 2002. The procedure for submitting corrected tax information to the Medicaid program is determined by the provider type.

- Physicians must submit completed and signed W-9 form to their Blue Cross Blue Shield of North Carolina (BCBSNC) representative
- Other providers, including Managed Care providers, must submit completed and signed W-9 forms along with a completed and signed Notification of Change in Provider Status form to the Division of Medical Assistance (DMA) Provider Services Unit at the address listed below

Division of Medical Services
Provider Services
2506 Mail Service Center
Raleigh, NC 27699-2506

Refer to the following instructions for completing the W-9. Additional instructions can be found on the IRS website at www.irs.gov under the link "Forms and Pubs."

- List the N.C. Medicaid provider number in the block titled "List account number(s) here."
- List the N.C. Medicaid provider name in the block titled "Business Name." It should appear **EXACTLY** as the IRS has on file.
- Indicate the appropriate type of business.
- Fill in either a social security number **OR** a tax identification number. Indicate the number **EXACTLY** as the IRS has on file for the provider's business. **Do not enter a social security number unless the business is a sole proprietorship or individually owned and operated.**
- An authorized person **MUST** sign and date this form or it will be returned as incomplete and the tax information on file with Medicaid **will not** be updated.

Change of Ownership

- Physicians must contact BCBSNC to report all changes in business ownership.
- All other providers, including Managed Care providers, must report changes to DMA Provider Services using the Notification of Change in Provider Status form.

DMA Provider Services will assign a new Medicaid provider number if necessary and will ensure the correct tax information is on file for Medicaid payments.

If DMA is not contacted and the incorrect tax identification number is used, that provider will be **liable for taxes** on income not necessarily received by the provider's business. DMA will assume no responsibility for penalties assessed by the IRS or for misrouted payments prior to written receipt of notification of ownership changes.

**Request for Taxpayer
Identification Number and Certification**

Give form to the
requester. Do not
send to the IRS.

Please print or type	Name (See Specific Instructions on page 2.)	
	Business name, if different from above. (See Specific Instructions on page 2.)	
	Check appropriate box: <input type="checkbox"/> Individual/Sole proprietor <input type="checkbox"/> Corporation <input type="checkbox"/> Partnership <input type="checkbox"/> Other ▶	
	Address (number, street, and apt. or suite no.)	Requester's name and address (optional)
	City, state, and ZIP code	

Part I Taxpayer Identification Number (TIN) Enter your TIN in the appropriate box. For individuals, this is your social security number (SSN). However, for a resident alien, sole proprietor, or disregarded entity, see the Part I instructions on page 2. For other entities, it is your employer identification number (EIN). If you do not have a number, see How to get a TIN on page 2. Note: If the account is in more than one name, see the chart on page 2 for guidelines on whose number to enter.	<table border="1"><tr><td colspan="9">Social security number</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr><tr><td colspan="9">or</td></tr><tr><td colspan="9">Employer identification number</td></tr><tr><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td><td> </td></tr></table>	Social security number																		or									Employer identification number																		List account number(s) here (optional)
Social security number																																															
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Employer identification number																																															
Part II For U.S. Payees Exempt From Backup Withholding (See the instructions on page 2.)		▶																																													

Part III Certification	
Under penalties of perjury, I certify that:	
<ol style="list-style-type: none">The number shown on this form is my correct taxpayer identification number (or I am waiting for a number to be issued to me), andI am not subject to backup withholding because: (a) I am exempt from backup withholding, or (b) I have not been notified by the Internal Revenue Service (IRS) that I am subject to backup withholding as a result of a failure to report all interest or dividends, or (c) the IRS has notified me that I am no longer subject to backup withholding, andI am a U.S. person (including a U.S. resident alien).	
Certification instructions. You must cross out item 2 above if you have been notified by the IRS that you are currently subject to backup withholding because you have failed to report all interest and dividends on your tax return. For real estate transactions, item 2 does not apply. For mortgage interest paid, acquisition or abandonment of secured property, cancellation of debt, contributions to an individual retirement arrangement (IRA), and generally, payments other than interest and dividends, you are not required to sign the Certification, but you must provide your correct TIN. (See the instructions on page 2.)	
Sign Here	Signature of U.S. person ▶
	Date ▶

Purpose of Form

A person who is required to file an information return with the IRS must get your correct taxpayer identification number (TIN) to report, for example, income paid to you, real estate transactions, mortgage interest you paid, acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA.

Use Form W-9 only if you are a U.S. person (including a resident alien), to give your correct TIN to the person requesting it (the requester) and, when applicable, to:

- Certify the TIN you are giving is correct (or you are waiting for a number to be issued).
- Certify you are not subject to backup withholding, or
- Claim exemption from backup withholding if you are a U.S. exempt payee.

If you are a foreign person, use the appropriate Form W-8. See Pub. 515, Withholding of Tax on Nonresident Aliens and Foreign Corporations.

Note: If a requester gives you a form other than Form W-9 to request your TIN, you must use the requester's form if it is substantially similar to this Form W-9.

What is backup withholding? Persons making certain payments to you must withhold and pay to the IRS 31% of such payments under certain conditions. This is called "backup withholding." Payments that may be subject to backup withholding include interest, dividends, broker and barter exchange transactions, rents, royalties, nonemployee pay, and certain payments from fishing boat operators. Real estate transactions are not subject to backup withholding.

If you give the requester your correct TIN, make the proper certifications, and report all your taxable interest and dividends on your tax return, payments you receive will not be subject to backup withholding. **Payments you receive will be subject to backup withholding if:**

- You do not furnish your TIN to the requester, or
- You do not certify your TIN when required (see the Part III instructions on page 2 for details), or
- The IRS tells the requester that you furnished an incorrect TIN, or
- The IRS tells you that you are subject to backup withholding because you did not report all your interest and dividends on your tax return (for reportable interest and dividends only), or

5. You do not certify to the requester that you are not subject to backup withholding under 4 above (for reportable interest and dividend accounts opened after 1983 only).

Certain payees and payments are exempt from backup withholding. See the Part II instructions and the separate **Instructions for the Requester of Form W-9**.

Penalties

Failure to furnish TIN. If you fail to furnish your correct TIN to a requester, you are subject to a penalty of \$50 for each such failure unless your failure is due to reasonable cause and not to willful neglect.

Civil penalty for false information with respect to withholding. If you make a false statement with no reasonable basis that results in no backup withholding, you are subject to a \$500 penalty.

Criminal penalty for falsifying information. Willfully falsifying certifications or affirmations may subject you to criminal penalties including fines and/or imprisonment.

Misuse of TINs. If the requester discloses or uses TINs in violation of Federal law, the requester may be subject to civil and criminal penalties.

Specific Instructions

Name. If you are an individual, you must generally enter the name shown on your social security card. However, if you have changed your last name, for instance, due to marriage without informing the Social Security Administration of the name change, enter your first name, the last name shown on your social security card, and your new last name.

If the account is in joint names, list first and then circle the name of the person or entity whose number you enter in Part I of the form.

Sole proprietor. Enter your individual name as shown on your social security card on the "Name" line. You may enter your business, trade, or "doing business as (DBA)" name on the "Business name" line.

Limited liability company (LLC). If you are a single-member LLC (including a foreign LLC with a domestic owner) that is disregarded as an entity separate from its owner under Treasury regulations section 301.7701-3, **enter the owner's name on the "Name" line.** Enter the LLC's name on the "Business name" line.

Caution: A disregarded domestic entity that has a foreign owner must use the appropriate Form W-8.

Other entities. Enter your business name as shown on required Federal tax documents on the "Name" line. This name should match the name shown on the charter or other legal document creating the entity. You may enter any business, trade, or DBA name on the "Business name" line.

Part I—Taxpayer Identification Number (TIN)

Enter your TIN in the appropriate box.

If you are a **resident alien** and you do not have and are not eligible to get an SSN, your TIN is your IRS individual taxpayer identification number (ITIN). Enter it in the social security number box. If you do not have an ITIN, see **How to get a TIN** below.

If you are a **sole proprietor** and you have an EIN, you may enter either your SSN or EIN. However, the IRS prefers that you use your SSN.

If you are an **LLC** that is **disregarded** as an entity separate from its owner (see **Limited liability company (LLC)** above), and are owned by an individual, enter your SSN (or "pre-LLC" EIN, if desired). If the owner of a disregarded LLC is a corporation, partnership, etc., enter the owner's EIN.

Note: See the chart on this page for further clarification of name and TIN combinations.

How to get a TIN. If you do not have a TIN, apply for one immediately. To apply for an SSN, get **Form SS-5**, Application for a Social Security Card, from your local Social Security Administration office. Get **Form W-7**, Application for IRS Individual Taxpayer Identification Number, to apply for an ITIN or **Form SS-4**, Application for Employer Identification Number, to apply for an EIN. You can get Forms W-7 and SS-4 from the IRS by calling 1-800-TAX-FORM (1-800-829-3676) or from the IRS's Internet Web Site at www.irs.gov.

If you do not have a TIN, write "Applied For" in the space for the TIN, sign and date the form, and give it to the requester. For interest and dividend payments, and certain payments made with respect to readily tradable instruments, generally you will have 60 days to get a TIN and give it to the requester before you are subject to backup withholding on payments. The 60-day rule does not apply to other types of payments. You will be subject to backup withholding on all

such payments until you provide your TIN to the requester.

Note: Writing "Applied For" means that you have already applied for a TIN or that you intend to apply for one soon.

Part II—For U.S. Payees Exempt From Backup Withholding

Individuals (including sole proprietors) are **not** exempt from backup withholding. Corporations are exempt from backup withholding for certain payments, such as interest and dividends. For more information on exempt payees, see the separate Instructions for the Requester of Form W-9.

If you are exempt from backup withholding, you should still complete this form to avoid possible erroneous backup withholding. Enter your correct TIN in Part I, write "Exempt" in Part II, and sign and date the form.

If you are a nonresident alien or a foreign entity not subject to backup withholding, give the requester the appropriate completed Form W-8.

Part III—Certification

To establish to the withholding agent that you are a U.S. person, or resident alien, sign Form W-9. You may be requested to sign by the withholding agent even if items 1, 3, and 5 below indicate otherwise.

For a joint account, only the person whose TIN is shown in Part I should sign (when required).

1. Interest, dividend, and barter exchange accounts opened before 1984 and broker accounts considered active during 1983. You must give your correct TIN, but you do not have to sign the certification.

2. Interest, dividend, broker, and barter exchange accounts opened after 1983 and broker accounts considered inactive during 1983. You must sign the certification or backup withholding will apply. If you are subject to backup withholding and you are merely providing your correct TIN to the requester, you must cross out item 2 in the certification before signing the form.

3. Real estate transactions. You must sign the certification. You may cross out item 2 of the certification.

4. Other payments. You must give your correct TIN, but you do not have to sign the certification unless you have been notified that you have previously given an incorrect TIN. "Other payments" include payments made in the course of the requester's trade or business for rents, royalties, goods (other than bills for merchandise), medical and health care services (including payments to corporations), payments to a nonemployee for services, payments to certain fishing boat crew members and fishermen, and gross proceeds paid to attorneys (including payments to corporations).

5. Mortgage interest paid by you, acquisition or abandonment of secured property, cancellation of debt, qualified state tuition program payments, IRA or MSA contributions or distributions, and pension distributions. You must give your correct TIN, but you do not have to sign the certification.

Privacy Act Notice

Section 6109 of the Internal Revenue Code requires you to give your correct TIN to persons who must file information returns with the IRS to

report interest, dividends, and certain other income paid to you, mortgage interest you paid, the acquisition or abandonment of secured property, cancellation of debt, or contributions you made to an IRA or MSA. The IRS uses the numbers for identification purposes and to help verify the accuracy of your tax return. The IRS may also provide this information to the Department of Justice for civil and criminal litigation, and to cities, states, and the District of Columbia to carry out their tax laws.

You must provide your TIN whether or not you are required to file a tax return. Payers must generally withhold 31% of taxable interest, dividend, and certain other payments to a payee who does not give a TIN to a payer. Certain penalties may also apply.

What Name and Number To Give the Requester

For this type of account:	Give name and SSN of:
1. Individual	The individual
2. Two or more individuals (joint account)	The actual owner of the account or, if combined funds, the first individual on the account ¹
3. Custodian account of a minor (Uniform Gift to Minors Act)	The minor ²
4. a. The usual revocable savings trust (grantor is also trustee)	The grantor-trustee ¹
b. So-called trust account that is not a legal or valid trust under state law	The actual owner ¹
5. Sole proprietorship	The owner ³
For this type of account:	Give name and EIN of:
6. Sole proprietorship	The owner ³
7. A valid trust, estate, or pension trust	Legal entity ⁴
8. Corporate	The corporation
9. Association, club, religious, charitable, educational, or other tax-exempt organization	The organization
10. Partnership	The partnership
11. A broker or registered nominee	The broker or nominee
12. Account with the Department of Agriculture in the name of a public entity (such as a state or local government, school district, or prison) that receives agricultural program payments	The public entity

¹ List first and circle the name of the person whose number you furnish. If only one person on a joint account has an SSN, that person's number must be furnished.

² Circle the minor's name and furnish the minor's SSN.

³ You must show your individual name, but you may also enter your business or "DBA" name. You may use either your SSN or EIN (if you have one).

⁴ List first and circle the name of the legal trust, estate, or pension trust. (Do not furnish the TIN of the personal representative or trustee unless the legal entity itself is not designated in the account title.)

Note: If no name is circled when more than one name is listed, the number will be considered to be that of the first name listed.



This form is intended for use by ALL PROVIDERS except as noted on the back of this form.
This form is **not** intended for use by PHYSICIANS. Physicians must make changes through Blue Cross and Blue Shield of North Carolina.

If you are requesting changes to a group, you **must** include the group name and number. Indicate the type of change you are submitting by placing an "X" in the appropriate box(es).

☐ Address Change
 ☐ Name Change (Attach W-9)
 ☐ Change of Ownership (Attach W-9)
 ☐ Tax ID Change (Attach W-9)
 ☐ Delete Group Member

Indicate whether the change is for:

<input type="checkbox"/>	Individual Provider
<input type="checkbox"/>	Group Provider

Effective Date of Change

OLD (Existing information)

NEW

Provider Name

Medicaid Provider Number
****REQUIRED****

Provider Site Address

Provider Billing Address

Phone Number

Fax Number

E-mail Address

Tax ID Number

Tax ID Name

Provider Number for Individual Provider to be Deleted from Group

Name of Individual Provider to be Deleted from Group

Contact Name

Signature of Owner or Authorized Agent

Print Name and Title of Owner or Authorized Agent

Return form to: **Provider Services, DMA, 2506 Mail Service Center, Raleigh, NC 27699-2506**

Revised 12/02

Report all changes to the Division of Medical Assistance using this form.

If you are enrolled as a Carolina ACCESS provider, you must also report changes using the *Carolina ACCESS Provider Information Change Form*.**

Ambulance Services
Certified Registered Nurse Anesthetists
Developmental Evaluation Centers
DSS Case Management
Federal Qualified Health Centers
Head Start Programs
Health Departments
Hearing Aid Dealers
HIV Case Management
Independent Diagnostic Treatment Facilities
Independent Practitioners

- Audiologists
- Occupational Therapists
- Physical Therapists
- Respiratory Therapists
- Speech Therapists

Licensed Clinical Social Workers
Licensed Psychologists
Mental Health Centers
Nurse Midwives
Nurse Practitioners
Optical Services
Out-of-State Hospitals
Planned Parenthood Programs
Psychiatric Clinical Nurse Specialist
Psychiatric Nurse Practitioners
Public School Health Programs
Residential Evaluation Centers
School Based Health Centers

Report all changes to the Division of Medical Assistance using this form. Include a copy of your new CLIA certificate.

Independent Free-Standing Laboratories

Report all changes to the Division of Medical Assistance using this form. Include a copy of your new accreditation from the Commission of Free-Standing Birthing Center.

Free-Standing Birthing Centers

Report all changes to the Division of Medical Assistance using this form. Include a copy of your new license.

Durable Medical Equipment Services
Home Infusion Therapy Services
Personal Care Services
Pharmacies
Private Duty Nurses

Report all changes to the Division of Medical Assistance using the *Carolina ACCESS Provider Information Change Form*.**
Providers (except chiropractors, dentists, optometrists, osteopaths, medical doctors, podiatrists) must also report changes to the Division of Medical Assistance using this form.

Carolina ACCESS Providers

Report all changes to the Division of Medical Assistance using the *Carolina ACCESS Provider Information Change Form* and to the N.C. Office of Research, Demonstrations, and Rural Health Development (919-733-2040).**

ACCESS II and ACCESS III Providers

Report all changes to the N.C. Office of Research, Demonstrations, and Rural Health Development (919-733-2040).

Providers (except chiropractors, dentists, optometrists, osteopaths, medical doctors, podiatrists) must also report changes to the Division of Medical Assistance using this form.

ACCESS II and ACCESS III Administrative Entities

Report all changes to your HMO.

HMO Providers

Report all changes to the Division of Medical Assistance using this form.

HMO Risk Contracting Managed Care Plans

Report all changes to EDS by calling 1-800-688-6696 or 919-851-8888 or submit changes in writing on company letterhead.

MQB Providers

Report all changes to the Division of Medical Assistance using this form. The DMA Provider Services unit will contact you to obtain additional information as needed to complete your change request.

Community/Alternative Program Services

Report all changes to the Division of Medical Assistance using this form.

Providers must also report changes to the Division of Facility Services by calling 919-733-1610.

If you are enrolled as a Carolina ACCESS provider, you must also report changes to the Division of Medical Assistance using the *Carolina ACCESS Provider Information Change Form*.**

Adult Care Homes
Ambulatory Surgical Centers
Critical Access Hospitals
Dialysis Centers
Home Health Agencies
Hospice
Intermediate Care/Mental Retardation Facilities
In-State Hospitals
Nursing Facilities
Portable X-Ray Suppliers
Psychiatric Residential Treatment Facilities
Residential Child Care Facility (Level II – IV)
Rural Health Clinics

Physicians must report all changes to their regional Blue Cross and Blue Shield of North Carolina Representative.

If you are enrolled as a Carolina ACCESS provider, you must also report changes to the Division of Medical Assistance using the *Carolina ACCESS Provider Information Change Form*.**

Physicians

- Chiropractors
- Dentists
- Optometrists
- Osteopaths
- Medical Doctors
- Podiatrists

****A copy of the *Carolina ACCESS Provider Information Change Form* is available on the Internet at www.dhhs.state.nc.us/dma or by calling DMA Provider Services at 919-857-4017.**

Changes in Drug Rebate Manufacturers

The following changes are being made in manufacturers with Drug Rebate Agreements. They are listed by manufacturer code, which is the first five digits of the NDC.

Additions

The following labelers have entered into Drug Rebate Agreements and joined the rebate program effective on the dates indicated below:

<i>Code</i>	<i>Manufacturer</i>	<i>Date</i>
11383	Weeks & Leo., Inc.	9/12/2002
11584	International Ethical Labs	8/2/02
55111	Dr. Reddy's Laboratories, Inc	11/8/02
66576	Syntho Pharmaceuticals, Inc.	11/1/02
66977	MPM Medical, Inc.	10/18/02
67000	Verum Pharmaceuticals	9/27/02
67253	STADA Pharmaceuticals, Inc	10/10/02
67336	TEAMM Pharmaceuticals, Inc.	9/9/02
67445	Graben Pharma, Inc.	9/23/02

Terminated Labelers

The following labeler code was terminated effective October 1, 2002:

Sanofi-Synthelabo, Inc. (Labeler Code 08024).

The following labeler codes are being terminated effective January 1, 2003:

Seatrice Pharmaceuticals (Labeler Code 00551);
Warner-Lambert Company (Labeler Code 11370);
Concord Laboratories (Labeler Code 20254);
Med – Derm Pharmaceuticals (Labeler Code 45565);
Heran Pharmaceuticals, Co., Inc. (Labeler Code 50434);
Zenith Goldline Pharmaceuticals (Labeler Code 50732);
Ohm Laboratories, Inc. (Labeler Code 51660);
3M Pharmaceuticals (Labeler Code 55326);
Lini, Inc. (Labeler Code 58215);
Welgen, A Division of BW Co. (Labeler Code 61054);
Inkine Pharmaceuticals (Labeler Code 61607);
A&Z Pharmaceuticals (Labeler Code 62211);
Medical Merchandising Inc. (Labeler Code 63913); and
LiquiSource, Inc. (Labeler Code 66572).

The following labeler codes are being voluntarily terminated effective January 1, 2003:

Pharmacia Corporation (Labeler Codes 00016, 00601 and 42987);
GlaxoSmithKline (Labeler Code 00081).
RxHoldings, LLC (Labeler Code 08367);
D&K Healthcare Resources, Inc. (Labeler Codes 05304, 07985 and 78622);
Highland Packaging Company (Labeler Code 55782);
The Medicines Company (Labeler Code 65293); and
DrugAbuse Sciences (Labeler Code 65694);

Reinstated Labeler

Thames Pharmaceuticals (Labeler Code 49158) has been purchased by Taro Pharmaceuticals, since its termination from the Drug Rebate Program. Thames Pharmaceuticals was reinstated in the drug rebate program on August 12, 2002.

Federal MAC List Changes

Effective December 1, 2002, the following changes were made to the Medicaid Drug Federal Upper Limit List:

FUL Deletions

Generic Name

Albuterol Sulfate

EQ 2mg Base, Tablet, Oral, 100

EQ 4mg Base, Tablet, Oral, 100

Amantadine Hydrochloride

100mg, Capsule, Oral, 100

Baclofen

10mg, Tablet, Oral, 100

20mg, Tablet, Oral, 100

Hydroxyzine Pamoate

100mg HCL, Capsule, Oral, 100

Sulfamethoxazole; Trimethoprim

200mg/5ml; 40mg/5ml, Suspension, Oral, 480ml

FUL Additions

Generic Name

FUL Price

Buspirone Hydrochloride

5mg, Tablet, Oral, 100

\$0.2964 B

10mg, Tablet, Oral, 100

\$0.3942 B

15mg, Tablet, Oral, 60

\$0.4470 B

Fluoxetine Hydrochloride

10mg, Capsule, Oral, 100

\$0.5850 B

20mg, Capsule, Oral, 100

\$0.6000 R

40mg, Capsule, Oral, 30

\$4.0125 B

20mg/5ml, Solution, Oral, 120ml

\$0.7500 R

10mg, Tablet, Oral, 30

\$0.6000 B

Lovastatin

10mg, Tablet, Oral, 60

\$0.7487 B

20mg, Tablet, Oral, 60

\$1.2488 B

40mg, Tablet, Oral, 60

\$2.3738 B

Oxaprozin

600mg, Tablet, Oral, 100

\$0.6758 B

FUL Price Increases

<u>Generic Name</u>	<u>New Price</u>
Atenolol	
25mg, Tablet, Oral, 100	\$0.1595 B
50mg, Tablet, Oral, 100	\$0.0885 B
100mg, Tablet, Oral, 100	\$0.1650 B
Benztropine Mesylate	
0.5 mg, Tablet, Oral, 100	\$0.1227 B
1 mg, Tablet, Oral, 100	\$0.1502 B
2 mg, Tablet, Oral, 100	\$0.1930 B
Doxycycline Hyclate	
EQ 50mg Base, Capsule, Oral, 50	\$0.0915 B
EQ 100mg Base, Tablet, Oral, 50	\$0.1287 B
Etodolac	
400mg, Tablet, Oral, 100	\$0.3600 R
Metronidazole	
500mg, Tablet, Oral, 100	\$0.2184 B
Nystatin	
100,000 Units/ml, Suspension, Oral, 60ml	\$0.1757 B
Selenium Sulfide	
2.5%, Lotion/Shampoo, Topical, 120ml	\$0.0790 B
Theophylline	
100mg, Tablet, Extended Release, Oral, 100	\$0.1184 B
Thioridazine Hydrochloride	
50mg, Tablet, Oral, 100	\$0.3885 B

Both the Federal and State MAC lists can be located on DMA's website at www.dhhs.state.nc.us/dma.

Holiday Observance

The Division of Medical Assistance (DMA) and EDS will be closed on Tuesday, December 24, 2002 through Thursday, December 26, 2002 in observance of Christmas, and on Wednesday, January 1, 2003 in observance of New Year's Day.

Checkwrite Schedule

December 10, 2002
December 17, 2002
December 27, 2002

January 14, 2003
January 22, 2003
January 30, 2003

February 11, 2003
February 18, 2003
February 27, 2003

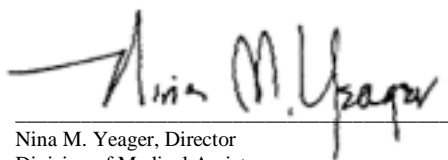
Electronic Cut-Off Schedule

December 6, 2002
December 13, 2002
December 20, 2002

January 10, 2003
January 17, 2003
January 24, 2003

February 7, 2003
February 14, 2003
February 21, 2003
February 28, 2003

Electronic claims must be transmitted and completed by 5:00 p.m. on the cut-off date to be included in the next checkwrite. Any claims transmitted after 5:00 p.m. will be processed on the second checkwrite following the transmission date. POS claims must be transmitted and completed by 12:00 midnight on the day prior to the electronic cut-off date to be included in the next checkwrite.



Nina M. Yeager, Director
Division of Medical Assistance
Department of Health and Human Services



Ricky Pope
Executive Director
EDS

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